

Michigan Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring

REQUEST FOR CHANGE IN NUMBER OF CERTIFIED SNF AND/OR NF BEDS

Instructions: Please complete this form when requesting SNF and/or NF bed changes in compliance with Section 3202 of the CMS State Operation Manual. In addition, the form must be completed and returned at least **45** days prior to the requested effective date.

1. CMS Provider Number: _____
2. Facility is SNF ☐ SNF/NF ☐ NF ☐
3. Facility Name: _____
4. Cost reporting year begins: _____Month _____Day
5. Has the cost reporting year changed from that reported on the CMS-671 form completed by the facility at the latest standard survey? ☐ Yes ☐ No
6. Beds requested: Current Number Requested Number

Medicare only	_____	_____
Medicare/Medicaid	_____	_____
Medicaid only	_____	_____
Licensed only	_____	_____

7. Requested effective date:
☐ Beginning of cost reporting year on Item 4 above.
☐ Beginning of cost reporting quarter on _____(mm/dd/yy)

8. Name and address of current fiscal intermediary:

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs.

9. Has the facility already requested and received approval for changes at the beginning of the cost reporting year and the beginning of a cost reporting quarter within the year?
- ☐ Yes ☐ No

Is the request for a second bed reduction within the cost reporting year?

☐ Yes ☐ No

10. Submit floor plans identifying all areas affected.

If yes to either or both of the above, the facility must request an exception under the below criteria in order to receive approval for a change at the beginning of the cost reporting quarter given in Item 7. **Please check the exception requested and enclose evidence that the criteria for the exception are met.**

☐ Life Safety Code (LSC) Requirements An exception may be granted if the request is to reduce the size of the SNF or NF to avoid being out of compliance with LSC requirements (e.g., sprinkler installation). The proposed bed configuration must be separated from the rest of the institution or institutional complex by a 2-hour firewall, so that there is no danger of the fire spreading there from other parts not meeting safety requirements. In this case, the proposed reduction in the size of the SNF or NF may be established with an effective date that is requested by the institution or institutional complex, but not earlier than the date that the separation can be documented. A full survey by the fire authority must be performed if the reason for the request is to limit noncompliance with LSC requirements.

☐ Elimination of Distinct Part An exception may be granted in an institution or institutional complex concludes that it wants to become fully participating (i.e., all beds within the institution or institutional complex decides to become fully certified to participate in the Medicare and/or Medicaid program). If the institution or institutional complex decides to become fully certified to participate in the Medicare and/or Medicaid program, it cannot return to a distinct part certification until, at the earliest, the beginning of its next cost reporting year.

☐ Enlargement through Construction, Purchase or Lease of Additional Space An exception may be granted if the institution or institutional complex requests to increase the size of its SNF or NF to include space acquired through new construction, purchase or lease (e.g., construction a new wing, purchasing an adjacent building or leasing a floor in a hospital).

Signature of Administrator or authorized representative

Date

Please remit to:

Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring
P.O. Box 30664
Lansing, MI 48909